

State of New Mexico
 Voucher Batch Report
 BusinessUnit 66500 Department of Health
 Vouchers with Final Agency Approval But Not Yet Reviewed/Approved By DFA/PCD
 AsOfDate 05/10/2013

*Check # 30000246369
 05/17/13*

Voucher Number	Vchr	VchrLineDescr	Distr Account	Account	Fund	VendorName	Withhold	Accounting Period Year	Month	PurchaseOrder Invoice Number	Total Amount
00334428	1	I/S meals & lodging	1	542200	Employee I/S Meals & L	06105	NASH GAYLE-001	2013	04	0000096683 Nash, G. 3.31-4.	455.00
Total For Voucher											455.00

Summary | **Invoice Information** | **Payments** | **Voucher Attributes** | **Error Summary**

Business Unit: 66500
 Voucher ID: 00334428
 Voucher Style: Regular

Invoice Number: Nash, G. 3.31-4.5.13
 Invoice Date: 04/30/2013
 Total: 455.00

Vendor: NASH, GAYLE C
 1190 ST FRANCIS DR N 4100
 SANTA FE, NM 87502

*Pay Terms: Pay Now [Schedule Payments](#)

Payment Information Find | View All First 1 of 1 Last

Scheduled Payment: 1
 *Remit to: 0000099443
 Location: 001
 *Address: 1
 Gross Amount: 455.00 USD
 Discount: 0.00 USD
 Discount Denied
 Late Charge

NASH, GAYLE C
 1190 ST FRANCIS DR N 4100
 SANTA FE, NM 87502

Scheduled Due: 04/30/2013
 Net Due: 04/30/2013
 Discount Due:
 Accounting Date:

Payment Method
 *Bank: WFB10
 *Account: B
 *Method: ACH ACH
 *Netting: N
 Pay Group:
 Handling: RE
 Messages

Message will appear on remittance advice.

Summary | Invoice Information | Payments | Voucher Attributes | Error Summary

Business Unit: 66500 Invoice Number: Nash, G. 3.31-4.5.13
Voucher ID: 00334428 Invoice Date: 04/30/2013
Voucher Style: Regular Total: 455.00

Voucher Processing

☒ Post Voucher ☐ Close Voucher
☒ Revalue Voucher ☐ Delete Voucher

Accounting Instructions

*Accounting Template: STANDARD  Account At: Gross 

Match Action

*Status: Ready 
☐ Pay Unmatched Voucher

Transaction Currency

*Source: Tables  *Currency: USD  Rate Type: CR/INT  Exchange Rate: 1.00000000

Voucher Approval

*Approval: Specify at this Level  Business Process: PROCESS_VOUCHERS 
Approval Rule Set: Payment Approval Rule Set 1 

Self Billing Invoice

*SBI Num Option: Group Vouchers (Auto-Nur  SBI Number: 

Prepayment

Prepayment Reference:  ☐ Automatically Apply Prepayment ☐ Postpone Withholding

Letter of Credit

Letter of Credit ID: 

Tax Group

DEPARTMENT OF HEALTH

STATE OF NEW MEXICO
ITEMIZED SCHEDULE
OF TRAVEL EXPENSES

PAGE	1	DATE	4/8/2013
AGENCY		VOUCHER NUMBER	00334428
CODE	66500		

[illegible]

New Mexico Department of Health Travel and Training Request Form

Employee Information	Employee Name:	Gayle Nash	Position:	CNO
	Department ID and Fund:	6001001000/06105	Telephone:	505-690-1065
	Post of Duty:	Las Cruces	Residence:	Las Cruces

Please indicate if traveler is a non-employee and use Object Code 547900 on vouchers.

Vehicle Information	☒ Check if state vehicle		☐ Check if personal vehicle		License #:	001768-SG
	Year:	2011	Make:	Nissan	Model:	Altima

Trip/Training Information	Please provide agendas, itineraries and any relevant documents.					
	Course Name: Travel to ABQ to serve as Acting Hospital Administrator at SATC.					
	☒ Check if training is required			☐ Check if Continuing Education credits will be granted		

Travel Information	Date of Request:	03/29/13	Destination: ABQ					
	Departure Date: (month/day/yr)	03/31/13	Time:	06:00 AM	Return Date: (month/day/yr)	4/5/13	Time:	06:00 PM
	☒ In-State ☐ Out-of-State ☐ Training ☐ Time Only ☐ *Actuals ☐ No cost to State/Paid By:							

* If actuals are requested: Expenses will only be reimbursed by providing original and valid receipts and by meeting the justification for actuals. Receipts and justifications must be submitted with the payment voucher. If the trip is being paid in part by another entity, you must claim actuals. A justification for actuals must be accompanied by cost comparison for hotels, taxi/shuttles, etc.

546700: Subscription/Annual Dues		542100: In-State Mileage:	@ .44 per mile	\$ 0.00
546800: Registration – Employee		542200: In-State Per Diem:	5 @ \$85/day	\$ 425.00
546800: Registration – Vendor		Santa Fe Only:	@ \$135/day	\$ 0.00
549600: Airline Cost – Vendor		549700: Out-of-State Per Diem:	@ \$115/day	\$ 0.00
Airline Cost – Employee		Actuals:	@ /day	\$ 0.00
Baggage Fee		With meals:	@ \$45/day	\$ 0.00
Shuttle Fee		Partial day:	@ \$12/2-6 hrs	\$ 0.00
Taxi Fee		Partial day:	@ \$20/6-12 hrs	\$ 0.00
Parking Fee		Partial day:	1 @ \$30/12 or more hrs	\$ 30.00
Mileage @ .44 per mile	\$ 0.00	Total reimbursement to employee		\$ 455.00
Miscellaneous Expense: days @ \$6 per day	\$ 0.00	Total cost of trip		\$ 455.00
Car Rental: days @ per day	\$ 0.00			

I, the undersigned, acknowledge by my signature that I am aware that reimbursement for actual expenses will be allowed only upon presentation of original, valid receipts with the payment voucher, that reimbursement will be according to the current DFA travel rates and that final approval of expenses for reimbursement depends on budgetary sufficiency.

X <u>Gayle Nash</u> Employee Signature	<u>4-23-2013</u> Date	<u>James W. Green</u> Supervisor/Bureau Chief Signature	 Date
_____ Division Director/Hospital Administrator (As per specific division requirements)	_____ Date	_____ Cabinet Secretary Signature (To be obtained for Division Directors' requests and when Division Directors are not available to sign approval.)	_____ Date